

From: [Pam Bailey](#)
To: [Scott Breimeister](#); [Leonard Carr](#); [Brian Brad Madrid](#)
Cc: [Mrs Swiencinski](#)
Subject: Thursday, April 23, 2015 11:56:02 AM
Date: [image001.png](#)
Attachments: [image003.png](#)
Importance: High

Online Billing (D.0) Response Rx711819

Claim Paid Auth. #/claim ref. # SNLLM1R	Amount of copay 285.00 Ingredient cost paid \$685.29 Dispensing fee paid \$0.75 Incentive paid \$0.00 Prof. fee paid \$0.00 Sales tax paid \$0.00 Other amt. paid \$0.00 Total paid by Ins. \$401.04	Amounts Submitted Ingredient Cost (D9): \$2,938.21 Dispensing fee (DC): \$4.50 Incentive Amount (E3): \$0.00 Prof. Service Fee (BE): \$0.00 Percent sales tax (GE): \$0.00 Gross amount due (DU): \$2,942.71						
Total \$686.04		Pharmacy Cost: \$0						
Other Information: Ingredient cost paid = \$685.29 Dispensing fee paid = \$.75 Flat sales tax amount paid = \$0.00 Percentage sales tax amount paid = \$0.00 Total amount paid = \$401.04 Basis of reimbursement determination = 8 Accumulated deductible amount = \$250 Amount applied to periodic deductible = \$250 Amount of coinsurance = \$35.00 Benefit stage count = 2 Benefit stage qualifier = 01 Benefit stage amount = \$250.00 Benefit stage qualifier = 02 Benefit stage amount = \$436.04								
Patient	SWIENCINSKI, SHARON	Patient DOB	[REDACTED]	Pat. Zip	22033	Date filled	4/23/2015	
Rx	711819	Cardholder ID	90544711401	Group #	CVTYRTL	Person #	Service/Prov. ID	1023363165
Insurance	610014 MEDCO MEDICARE			Phone(s)	800-922-1557		BIN / PCN	"610014" "MEDDPRIME"
Qty & Drug	300 SF-03 LOTION						Billing NDC	
Accept payment Reversal DUR info.				View claim details Print claim text				

She has a \$250 deductible so looking at her claim which is processed through Medco he profit is only \$230 and change.
 Dul 30mg
 No gabapentin

**GOVERNMENT
EXHIBIT
1058
4:18-CR-368**

Online Billing (D.0) Response Rx711819

Claim Paid		Amount of copay 285.00	Amounts Submitted
		Ingredient cost paid \$723.27	Ingredient Cost (D9): \$3,356.24
		Dispensing fee paid \$0.75	Dispensing fee (DC): \$4.50
		Incentive paid \$0.00	Incentive Amount (E3): \$0.00
Auth. #/claim ref. # WQ9C1DM		Prof. fee paid \$0.00	Prof. Service Fee (BE): \$0.00
		Sales tax paid \$0.00	Percent sales tax (GE): \$0.00
		Other amt. paid \$0.00	Gross amount due (DU): \$3,360.74
		Total paid by Ins. \$439.02	
Other Information:		Total	\$724.02
		Pharmacy Cost	\$0

Additional Message Information (from PBM):
MANUAL DUR NECESSARY

Group id = CVH131S5768SD
Network reimbursement id = 123
Transaction response status = P
Authorization Number = WQ9C1DM
Prescription/service reference number qualifier = 1
Prescription/service reference number = 711819
Patient pay amount = \$285
Ingredient cost paid = \$723.27
Dispensing fee paid = \$.75
Flat sales tax amount paid = \$0.00
Percentage sales tax amount paid = \$0.00
Total amount paid = \$439.02

Patient	SWIENCINSKI, SHARON	Patient DOB	[REDACTED]
Rx	711819	Cardholder ID	90544711401
Insurance	610014 MEDCO MEDICARE	Pat. Zip	22033
Qty & Drug	300 SF-03 LOTION	Group #	CVTYRTL
		Person #	
		Phone(s)	800-922-1557
		Date filled	4/23/2015
		Service/Prov. ID	1023363165
		BIN / PCN	"610014" "MEDDPRIME"
		Billing NDC	

With gabapentin
Profit is \$370.26

I will look at other things to add

Also I will process Mrs. Martin's to see what hers is.



Pamela J. Bailey CPhT | Claims Processing / Customer Service Manager | pamela.bailey@omniplushealthcare.com | (832) 742-8382 direct | (713) 874-0300 pharmacy | (713) 874-0314 fax
4916 Main Street, #100, Houston, TX 77002 | www.omniplushealthcare.com

CONFIDENTIALITY: This email and any files transmitted with it are confidential and are intended solely for the use of the individual or entity to which they are addressed. This communication may contain material such as identifiable patient health information or business information which is privileged and legally protected from disclosure and subject to protection under applicable state and federal law, including the Health Insurance Portability and Accountability Act (HIPAA). If you are not the intended recipient or the person responsible for delivering the email to the intended recipient, be advised that you have received this email in error and that any use, dissemination, forwarding, printing, or copying of this email, or any files transmitted with it, is strictly prohibited. If you have received this email in error, please immediately notify the sender at (832) 495-4566 and delete this message. Unauthorized interception of this e-mail is a violation of federal criminal law.